

PRE-PLANNING FOR ASBESTOS/NON-ASBESTOS INSULATION REMOVAL OPERATION

DATE

J. O. NO.

LOCATION

PERSONNEL RECEIVED TRAINING

☐ YES ☐ NO

EMPLOYEES ASSIGNED

ENVIRONMENTAL CONTROLS AND PERSONNEL PROTECTION INFORMATION

	A	B	N/A	C-120 VERIFICATION
a. Drop cloths/Containment		X		
b. Warning signs/Ropes			X	
c. Vacuum cleaner with HEPA filters			X	
d. Water spray, Hose and Nozzle			X	
e. Poly bags/Plastic bags/Labels	X			
f. Ship's ventilation, checked & secured		X		
g. Dust collector/HEPA filters			X	
h. Decontamination procedure		X		
i. Air sampling required			X	

	A	B	N/A	C-120 VERIFICATION
a. Disposal procedures	X			
b. Establish boundaries			X	
c. Air-Line respirator, Type C			X	
d. Dust respirator/Goggles		X		
e. Gloves (Rubber and Cotton)		X		
f. Rubber boots or Shoe covers			X	
g. Clean & dirty change rooms			X	
h. Disposal coveralls - Tyvek			X	

A - REQUIRED

B - RECOMMENDATION

MUST/SHALL

CAN/MAY/SHOULD

YOU ARE REQUIRED TO FOLLOWING THE PROCEDURES OUTLINED IN

☐ P. I. NO. 635 - ~~ASBESTOS~~ MATERIAL/NON-ASBESTOS MATERIAL

1F

NON ASBESTOS

I fully understand that the above requirements/conditions shall be in effect and remain in effect until such time that the compartment, space, etc, has been certified clean.

LAGGING PADS

RED _____ LABELED _____ TAGGED _____

I.D. BY _____

SIGNATURE _____